

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/11/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MOWEAQUA REHAB & HCC

**525 SOUTH MACON STREET
MOWEAQUA, IL 62550**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.615e)</p> <p>300.615e) Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>In addition to the screening required by Section 2-201.5(a) ,of the Act and this Section a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This requirement was not met as evidenced by the following.</p> <p>Based on record review and interview, the facility failed to request a criminal history background check within 24 hours of admission for one resident (R18) in a sample of ten residents and four supplemental residents (R19, R20, R21 and R22), all reviewed for admission screening.</p> <p>The findings include:</p> <p>Admission records for ten newly admitted residents were reviewed on 2-9-16 with E12</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/26/16

Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550		
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S9999	Continued From page 1 Business Office Manager. Criminal history background checks were not found for R18 and R21. In addition, the criminal history background checks were not requested within 24 hours of admission for R19, R20, and R22. R18 was admitted on 12-3-15 and no criminal history check was found. R19 was admitted on 1-19-16 and the criminal history background check was requested on 1-23-16. R20 was admitted on 2-2-16 and the criminal history background check was requested on 2-9-16. R21 was admitted on 1-29-16 and the criminal history background check was not found. R22 was admitted on 1-21-16 and the criminal history background check was requested on 2-9-16. On 2-9-16 at 2:00 P.M., the resident files were reviewed with E12, Business Office Manager. E12 stated that there were no criminal background checks completed/documented for R18 and R21 and confirmed that R19, R20, and R22's criminal history background checks were not requested within 24 hours of admission. E12 stated she did not know why the checks were not completed or requested within 24 hours of admission. (B)	S9999			